



Closure and Inspection Requirements

Arizona Administrative Code R-18-9-A309
Maricopa Environmental Health Code Chapter 2 Section 8

Closure requirements: A permittee who permanently discontinues use of, wishes to close an on-site-wastewater treatment facility (septic systems), or is ordered by the Director to close and abandon a facility shall:

- 1) Submit completed General Application, official recorded deed, site plan to scale, any associated permit numbers, if known, and \$175 inspection fee.
- 2) Remove all sewage from the facility and dispose of in a lawful manner.
- 3) Disconnect and remove electrical and mechanical components.
- 4) Cut and plug both ends of the abandoned sewer drain pipe between the building and the on-site wastewater treatment facility not more than five feet outside the building foundation, if practical, or cut and plug as close to each end as possible.
- 5) Fill any disposal cavity (e.g. cess pool, lined pit)
- 6) Closure by either of the following two methods:
 - a) Remove entire tank, call for inspection prior to backfilling cavity OR
 - b) Remove and break tank lid, punch hole in bottom of tank and call for inspection.
Abandonment/closure inspection phone number: 602-506-6666 options 1 – 5 – 3. Have permit number available when you call.
- 7) **After inspection**, approval and receipt of White Tag continue with construction. Fill the (a) cavity or (b) tank with approved material consisting of earth, sand, gravel, concrete or other approved fill material.
- 8) Regrade surface to provide positive drainage.

*If closure/abandonment is required during a repair or alteration, follow the directions in that construction permit to submit Certification of Completion for the septic tank installation.

****** EXTRA CHARGES WILL APPLY FOR REPEAT INSPECTIONS ******

Maricopa County Environmental Services Department
Water & Waste Management Division
(Delegated Authority for ADEQ)
1001 N Central Ave, Suite 150
Phoenix, AZ 85004
Phone: (602) 506-6666
Fax: (602) 506 6925



GENERAL APPLICATION FOR AN ONSITE WASTEWATER TREATMENT FACILITY

The undersigned hereby requests that MCESD/Water and Waste Management Division conduct the appropriate review or inspection for the procedure selected below for the site named and supplies the undersigned with the associated results.

(Check one): ☐ **Site Investigation--\$325 per visit**
☐ **Site and Test Hole Inspection--\$325 per visit**
☐ **Misc. Review/Reconnect Plan Review, existing permit # _____--\$135**
☐ **Septic System Abandonment/Closure--\$175 inspection fee**

Site Information

Property Address: _____ Maricopa County, AZ _____
If no address has been assigned, leave blank Street Name and Number City (if applicable)
Cross Streets _____ Parcel Number _____ - _____ - _____

Subdivision Name (if applicable): _____ Lot#(s) _____

Legal Description: Section _____ Township _____ Range _____ Acreage _____

Sewer (circle one) **IS / IS NOT** available within 400'
from the property.

Identified as (check one):

☐ Single Family Residence

☐ Commercial

Type of Establishment: _____

Maximum number of users: _____
(Customers, employees, members, etc.)

Water Service will be provided by (check all that apply):

☐ Water Company—Name _____

☐ Existing Well ID Number: _____

Shared? Yes ☐ No ☐

☐ Proposed/Future Well Shared? Yes ☐ No ☐

☐ Holding Tank

MC P/D Tracking # B _____

Site Code: _____

For a Review/Reconnect, indicate reason for request:

Owner and Agent Information

Property Owner Name: _____

Complete Mailing Address: _____ Zip Code: _____

Owner's Phone: _____ Owner's Fax: _____

Applicant/Agent Name: _____ Attention: _____

Complete Mailing Address: _____ Zip Code: _____

Phone: _____ Fax: _____

Mobile: _____

Applicant Signature

I, the undersigned, do hereby agree to assume complete responsibility for full compliance with all applicable statutes, rules and regulations for the work requested. Safety is the property owner (or agents) responsibility, but they must also provide access for the inspection. Request for the inspection may be called in on the Inspection Request Line at 602-506-6666, option 1 then option 5, then option 3. All notification of completed procedures will be done through facsimile or mail. Per Maricopa County Health Code, this application will expire: a) one year from date of application, or b) one year from Phase I site plan approval.

Signature: _____ Date: _____

For Office Use Only

Amount: \$ _____ Date Issued _____ Issue Status _____ By: _____ Expiration Date: _____

(Permit / File #)